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CONFIRMATION NO. 2447

<b>SERIAL NUMBER</b> 10/567,314	<b>FILING OR 371(c) DATE</b> 02/07/2006 <b>RULE</b>	<b>CLASS</b> 546	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> 21442P	
<b>APPLICANTS</b> Paul J. Coleman, Wallingford, PA; <i>ys</i>					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/25856 08/09/2004 which claims benefit of 60/494,670 08/13/2003 <i>ys</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/24/2006</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>pe</i> <i>Allowance</i> Examiner's Signature <i>pe</i> Initials <i>ys</i>		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 210					
<b>TITLE</b> Mitotic kinesin inhibitors					
<b>FILING FEE RECEIVED</b> 850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		